STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	ist(s) James J. B	ianco, Jr.		
II. Name of lobby	ist's partnership, firm (or corporation, if any:	!	
Bianco Pro	ofessional Associat	ion		
	Name of partnership, firm o	or corporation)		······································
18 Centre	Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603 <u>225-7170</u> (Telephor		03) <u>226-0165</u> (Fax)	e-mail_jbianco(<u>@biancopa.com</u>
	nt covers: (Choose one – se transactions which an		for each client, OR you ma any one client).	y file a separate report for
☐ All reportable	transactions occurring in	the months prior to the	reporting date relative to the	e following client:
	(Full Name of Client	as it appears on the Lobb	yist Registration Form)	
OR All reportable t unrelated to any pa		st (including the lobby	ist's family), or the lobbying	; firm listed below which are
IV. Date of Report	rt April 26, 2017		July 26, 2017 [] activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 A activity from 10/1/17 to 12/31/	/17
	ed, complete just this for		ransactions made since the Secretary of State's Office, S	
VI. Check if addi	tional reports are attacl	hed:		
			Addendum A- Fees and Ex	cpenses
☐ If you have pa Expense Reimburs		ibursed expenses, you	must file Addendum B - Rep	port of Honorariums or
🛚 If you, your fi	rm, or your family has m	ade political contributi	ons, you must file Addendu	m C- Political Contributions
I have read RSA I and complete to th	e best of my knowledge	and RSA 664 and here	eby swear or affirm that the f	
(Signature of lobb James J. Bia	` //		(Dai	,
				RECEIVE
(Print Name of lo	boyist)			

JAN 3 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's pa	ertnership, firm or co	rporation, if any:	
Rianco Prof	essional Association	•	
	artnership, firm or corporation)		
III. Name of Client		Date 01/24/2018	
Political Contributions For each political contrib client/lobbyist and lobbyi			ter 664 paid on behalf of the
Full name of candidate:	Morse	Chuck	
-	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is	s Seeking Senate
		ove for amount of contribu	ution. If the actual cost is not know
enter an estimated value and			ution. If the actual cost is not know
enter an estimated value and	d the word "estimate."		(Middle Name/Initial)
enter an estimated value and	d the word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Is or services provided, and enter th
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Is or services provided, and enter th
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name)	(Middle Name/Initial) Is or services provided, and enter the actual cost is not known (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the	e goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of co	ontribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on s	separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear o	r affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	
	01/24/2010
(Signature of labbridge)	01/24/2018 (Data)
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	